

Committee Members:

Mary Bennett, PT, Chair
Deborah Reed, PT
Maria Fletcher, MD
Megan Certo, PT
Vacant, Consumer Member

Administrative Staff:

Tasha Coleman, Board Director
Andre Phillips, Asst Director
Lorrie Ruble, Case Manager
Kimberly Oakley, Case Manager
Kathy Dishman, Case Manager

Contact Us:

402 W. Washington Street, Room
W072
Indianapolis, IN 46204
Office hours: 8:00 am to 4:30 pm
(317) 234-2051 (office)
(317) 233-4236 (fax)
pla6@pla.in.gov
www.in.gov/pla/ot.htm

2011 Meeting Dates:

- September 7
- December 7

Please note that meeting dates and locations are subject to change or may be cancelled due to lack of business. All meetings are held in: Indiana Government Center South, 402 West Washington Street, Conference Room W064 of the Indiana Professional Licensing Agency, Indianapolis, IN 46204.

Newsletter Schedule:

- March
- June
- September
- December

Member Profile:

In this section of the newsletter we will introduce you to your committee one by one.

Megan Certo was appointed to the Indiana Physical Therapy Committee in December 2005 and currently oversees therapists on probation for the committee. She has served as delegate and alternate delegate for the State of Indiana to the Federation of State Boards of Physical Therapy (FSMPT) annual meeting. She graduated magna cum laude with a degree in neuroscience from Vanderbilt University in 1997 and completed her master of science degree in physical therapy at Washington University in St. Louis in 2000. She has worked in various settings in the past 10 years and focuses primarily in wound care and inpatient acute rehab. Megan works part-time for Peoplefirst Rehab in Greenwood and lives in Indianapolis.

APTA Members Appointed to Blue Ribbon Rehab Panel

APTA members Rebecca Craik, PT, PhD, Anthony Delitto, PT, PhD, and Alan M. Jette, PT, PhD, have been appointed to the National Institutes of Health's (NIH) Blue Ribbon Panel on Medical Rehabilitation Research. Craik will co-chair the 13-member panel. The panel's proposed charge will be to assess rehabilitation research across NIH while focusing on the National Center for Medical Rehabilitation Research.

APTA will monitor the activities of the panel and serve as a resource to NIH staff as part of its continued advocacy work in rehabilitation research.

Posted by APTA News Now Staff

PTA NPTE will move to a fixed-date testing schedule in 2012

The Federation of State Boards of Physical Therapy's Board of Directors has determined that the PTA National Physical Therapy Exam (NPTE) will cease continuous testing after February 29, 2012 and move to fixed dates. This follows a previous decision to move the PT NPTE to fixed-date testing in 2011. The Federation plans on maintaining fixed-date testing indefinitely for both the PT and PTA exams.

This newsletter is offered as an information service and is not intended as legal advice. Anyone seeking licensure in a physical therapy related capacity uncertain of their legal standing should seek the advice of legal counsel. Information presented here was originally developed by the Indiana Physical Therapy Committee and can be copied and distributed without copyright restriction.

Helpful Links:

FSBPT: <https://www.fsbpt.org>

INAPTA: <http://www.inapta.org>

APTA: <http://www.apta.org>

Frequently Asked Questions:

How many PTA's can a PT supervise? *Not more than the equivalent of three (3) full time PTA's*

Can ethical decision making be taught? *Probably. However, if people are unethical and do not recognize that they are unethical - and may even like being unethical - it may be difficult.*

Notes from the Director,

The first edition of the PT Newsletter was well received and I thank you for your feedback. As we move forward I will bring you important information from other jurisdictions and the FSBPT. Your input is valuable to the staff, so we encourage you to submit questions, comments and concerns and we will address them in future editions.

Tasha Coleman

Rehab for Cerebral Palsy Changes the Environment, Not the Child

A successful new rehabilitation approach to treating children with **cerebral palsy** puts its focus on where a child lives and plays, not just improving the child's balance, posture and movement skills.

Called a "context-focused intervention", McMaster University and the University of Alberta researchers report in a new study this approach is just as beneficial as traditional child-focused therapy, offering parents an additional treatment option for their child.

The McMaster study, in conjunction with researchers at the University of Alberta's Faculty of Rehabilitation Medicine and Alberta Health Services in Calgary, is the first randomized trial to examine the effects of therapy focused on changing a child's task or environment, not the child. It appeared in the July issue of the medical journal *Developmental Medicine and Child Neurology*.

Context-focused and child-focused therapies were evaluated in a randomized controlled trial of 128 children with cerebral palsy ranging in age from one year to almost six years old. The children, from 19 different rehabilitation centres in Ontario and Alberta, received one of the two approaches for six months. Therapy was provided by occupational therapists and physical therapists. Between assessments at six and nine months, they returned to their regular therapy schedule.

Researchers found that while both groups improved significantly over the study, there were "no significant differences in daily functioning" between the two treatment groups, reported lead author Mary Law, professor in McMaster's School of Rehabilitation Science and co-founder of the university's CanChild Centre for Childhood Disability Research.

Cerebral palsy is caused by damage in the brain before or just after birth that results in problems with muscle tone and movement, and impacts ability to perform everyday activities. More than 50,000 Canadians have cerebral palsy, which occurs in about two of 1,000 babies.

During the study, parents in both groups received general information and education about their child's disability, as well as, specific strategies to practice at home.

This newsletter is offered as an information service and is not intended as legal advice. Anyone seeking licensure in a physical therapy related capacity uncertain of their legal standing should seek the advice of legal counsel. Information presented here was originally developed by the Indiana Physical Therapy Committee and can be copied and distributed without copyright restriction.

What's Happening in your Profession?

- The **FSBPT Annual Conference** is scheduled for September 22-24, 2011 in Charlotte, NC. Contact the FSBPT directly to register if you would like to attend.
- **2011 Fixed-Date Testing on NPTE-PT:**
 - September 7
 - October 26
 - December 5
- **2012 Fixed-Date Testing NPTE-PT:**
 - January 30
 - March 29
 - July 2
 - July 31
 - October 23
- **2012 Fixed-Date Testing NPTE-PTA:**
 - April 26
 - July 17
 - October 30

Disciplinary Action:

A list of board disciplinary actions may be found on our license litigation system at <http://www.in.gov/ai/appfiles/pla-litigation/>

Free online licensure look-ups may be obtained at <https://extranet.in.gov/WebLookUp/Search.aspx>. This is a real time database and is the best resource for accurate data.

In the child-focused approach, therapists identified the underlying impairment - tone, posture, range of motion - and provided therapy to improve the child's skills and abilities.

Emphasis in the context therapy approach was on changing the task or environment. For example, one parent's goal was for their child to finger-feed himself Cheerios independently. The therapist experimented with putting peanut butter on the tips of his fingers so that the Cheerios would stick to it. The child was successful in one intervention session, even though he did not have the fine grasp to pick them up without it. Having experienced success, the child went on to be able to finger feed Cheerios by himself.

"This study provides evidence that each intervention approach yields equivalent important change after a six-month intervention," Law said. "We also found no difference between the therapy approaches for the outcome of parent empowerment."

If both approaches are equally effective, Law said therapists and families are able to discuss the treatment approach that best fits the intervention goals for their child and their family situation.

Law is co-author in a second article in the same journal, describing the context-focused approach with lead author Johanna Darrah, a professor of **physical therapy** in the Faculty of Rehabilitation Medicine at the University of Alberta. Darrah said the experience with context therapy was positive: "The benefits of working in the child's natural environment were striking."

Darrah added researchers found this approach was more challenging with children who have a severe disability, as some therapists felt that by not providing hands-on treatment, the approach is not true therapy. However, the study found that the context approach was equally effective for children with mild or severe cerebral palsy.

The study was supported by a grant from the National Institutes of Health in the United States and the Alberta Centre for Child Family and Community Research. Mary Law holds the John and Margaret Lillie Chair in Childhood Disability Research.

Retrieved: August 26, 2011 from <http://physical-therapy.alltop.com>.
Article References: McMaster University

This newsletter is offered as an information service and is not intended as legal advice. Anyone seeking licensure in a physical therapy related capacity uncertain of their legal standing should seek the advice of legal counsel. Information presented here was originally developed by the Indiana Physical Therapy Committee and can be copied and distributed without copyright restriction.